ISG-QI Clinical Committee Meeting
February 21, 2006
Meeting Minutes

Attendees: Sundin Applegate, Wendy Benz, Robin Blitz, Karen Burstein, Mike Clement, Jacquilyn Cox, Gloria Navarro-Valverde

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
		The 2-21-06 QI Clinical Committee Meeting had many handouts that were used for informational background and resource purposes. These handouts are available on the website www.azis.gov.	
Welcome	Dr. Cox	Welcomed all the members to the meeting.	
Review Previous Meeting Minutes	Dr. Cox	Changes were made to the minutes. Page 6 – To clarify that PEDS is done at every well child visit, and M-CHAT as secondary screen at 4 years of age. Page 11-correct spelling and title of System of Change measure Dr. Burstein referred to. Hall-Hord System of Change measure instead of Holland System. Dr. Blitz motioned to accept the revised minutes. The minutes were accepted as corrected	*Committee accepted the revised minutes from 1-17-06 meeting.
Introductions		The attending committee members introduced themselves.	
Review & discussion of Developmental Delay Tools Instruments • **PEDS** • **EPSDT**	Dr. Cox	Please refer to the handout packet "Commonly Used Screening Tools". The packet includes the PEDS, M-CHAT, and the EPSDT. The first question is if the EPSDT is done, is it necessary to also do the PEDs? Dr. Blitz advised that the PEDs is part of the EPSDT (Early Periodic Screening Diagnosis and Treatment). EPSDT gives a history of the child, the physical issues, behavior, dental, hearing, vision, developmental delays. As a screening tool, they are supposed to look at these areas for diagnosis and treat. American Academy of Pediatrics stated, a couple years ago, to use a standard form for screening tools. Not a checklist, but a standardized tool and the EPSDT helps with that.	
	Dr. Applegate	Dr. Applegate pointed out that the EPSDT is not used in some areas, such as nutrition. Additionally taking into effect that the screeners should be screening properly.	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Review discussion of Developmental Delay Screening Tools Instruments • **M-CHAT**	Dr. Blitz	Dr. Blitz said that it is available at every well child check up until 8 years of age. There needs to be something after 8.	
	Dr. Cox Dr. Blitz	Assuming that they will use the EPSDT form because they are mandated to use it, the recommendation is for them to also use PEDS? Then use the M-CHAT as the secondary screen? 18 months to 4 years of age. You can use the ASQ and the Brigance as a secondary screen.	*Committee recommendation to use PEDS screening along with EPSDT form *Committee recommendation to use M-CHAT (Spanish and English) as secondary screen for 18 months to 4 years of age.
	Dr. Cox	Is M-CHAT in Spanish?	
	Ms. Ober-Reynolds	Yes	
	Dr. Cox	And what are you suggesting after the age of 8?	
	Dr. Blitz	That will involve looking at the SWILLS, an academic screen for first grade through sixth grade. Brigance is pre-K through ninth grade. The PSC (Pediatric Symptom Checklist) is a secondary behavioral screen. *(all information provided in the handouts).*	
	Dr. Burstein	Do we want to do an academic testing/screen in a primary care setting? There was discussion as to using pre-learning tools, academic in nature, in a primary care setting. Dr. Cox mentioned that SWILS (Safety Word Inventory and Literacy Screener) is geared toward school. Dr. Blitz stated that it is for elementary age children and is relatively easy to use. Dr. Applegate mentioned that if it is for schools, we may wish to address it later.	*Brigance and SWILS more academic based. On hold for future discussion.

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Review discussion of Developmental Delay Screening Tools Instruments • **PSC (Pediatric Symptom Checklist)**	Dr. Blitz	The PSC looks at attention problems, behavior, school and performance. Similar to the PEDS because it is questions and answers. It also comes with a pictorial. This is through 16 years of age. Ms. Ober-Reynolds asked if PSC looks primarily at behavior.	
	Dr. Cox	Dr. Cox stated that the PSC is rather generic and looks to be school-based.	
	Dr. Blitz	When you score it, the scoring criteria gives you information, based on a subscale, according to the score. If a child fails the whole test, you advise the school of all assessments. Academic failure and then referred for educational testing. It does include a developmental academic screening so if they score on the academic failure and school difficulty, whether or not if they pass the PSC, it is still referred out. For ease, maybe the PSC should be used overall instead of bringing in two types of screening.	
	Dr. Blitz	It's in Spanish and English and has a pictorial. If Arizona starts using PEDS, M-CHAT and the PSC, we will be far ahead of other states. My concern is that they have the CRAFFT (Questions to Identify Adolescents with Alcohol Abuse Problems) on hand.	*After age 8, recommendation to use PSC screening tool *CRAFFT to be on hand
Other Screening Tools / Mental Health • **PSC** • **CDI**	Dr. Cox	Behind the PSC portion of this packet is the Children's Depression Inventory and then Dr. Blitz's handouts which includes the CRAFFT and CDI. You have to pay for the CDI (Children's Depression Inventory).	
	Dr. Blitz	The CDI is a depression inventory but I don't see it as a screening tool. Maybe more of a secondary tool. It's on NCR paper (back & front), five subcategories and a total CDI score. Child answers questions as "never, sometimes, often". For example, do you ever want to hurt yourself? It gives a specific score while noting any deviation above the mean. It is expensive. The PSC addresses most areas that the CDI would. If there's concern on the PSC, the child gets referred to mental health. Then CDI could be used. 2003 CDC information shows 30% of 9th through 12th graders stated they feel hopeless and sad for more than two weeks consecutively. 17% to 48%	*****Dr. Blitz giving a depression lecture in April 06. American College of Osteopathic Pediatricians. (Need place and phone number)

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
		consider suicide. 12% had a plan for suicide. 7.8% had a plan and attempted. 3% considered, had a plan, attempted and required medical attention.	
	Dr. Cox	We have money budgeted for instruments to address depression.	
	Dr. Applegate,	But can we replicate it and adopt it. Demonstration projects only demonstrate the ideal and they don't tell us the roadblocks.	
Other Screening Tools / Mental Health (con't) • **PSC** • **CDI**	Dr. Clement	Dr. Clement expressed concerns regarding the time burden on the physician to complete all of these questionnaires in 15 minutes. Or they have to hire another staff person to do these questionnaires. Physicians will be very resistant.	
	Dr. Blitz	With the AHCCCS/PEDS pilot, AHCCCS has agreed to reimburse the practices for doing them, per child, through 8 years. It is a parent report and written at the 4th to 5th grade reading level. In a majority of languages. They can take it in the waiting room and it takes 2 to 3 minutes to score. I really like the flow chart that gives you the recommendations of what to do next. There are nice handouts to go along with it. Physicians like the handouts. So the PSC could pick up the 8 to 16 years old.	
	Dr. Cox	In our 4 sites, 2 pediatric offices and 2 school-based clinics; SBCs will see more of a broader range of children than a doctor's office. More children will cycle through SBCs, and it is better to look at that population for behavioral health issues, while keeping in mind that behavioral health has more resources and time to address specified needs from screens such as this.	*Recommended to look at behavioral health screens used and to be used at School-Based Health Clinics
	Dr. Blitz	In my discussions at training seminars, each office I talk with, puts together a list of resources that are available in that specific geographical area, like Mesa. DDD, SS, Raising Special Kids. One sheet handout that tries to get the parents the resources because that is one of the hardest aspects but the most requested. To set up who is in the area and the providers available. Dr. Clement stated that Mountain Park Health Center have 3 women employed full time just for referrals.	
	Dr. Cox	And we have a large undocumented population. Dr. Blitz asked is there are behavioral health clinics serving the undocumented?	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
		Dr. Cox replied that Value Options cannot help because of restrictions on using State dollars for undocumenteds. Faith-based organizations are doing "wrap around services". Services are not accessible and not everyone qualifies for AHCCCS.	
Other Screening Tools / Mental Health (con't) • **PSC** • **CDI**	Ms. Benz,	What are the mechanics of this screening processes? It looks like a lot of this is parental involvement. How do you envision this working? I bring my child in, does it take an extra 15 minutes on the part of the doctor or the mommy in the waiting room? I am looking at this PSC and it states "describe the child and describe yourself", etc. Will the doctor have time? The EPSDT looks more clinical in nature, but these screens seem more personality driven.	*Define procedure for review at next meeting.
	Ms. Benz	I am looking at the PEDS score form, and it does not include the actual PEDS information as far as I can see. It says "concerns that parents raised", etc. PEDS response form looks as though the parents need to answer this. How much of this is actually filled out by the doctor as opposed to the parents?	
	Ms. Ober-Reynolds	It is all filled out by the caregiver.	
	Ms. Benz	Could you do this in advance? 15 minutes earlier? What is the burden administratively on the office staff, other than scoring? Because the review by the doctor staff must be done too. How can we reduce the burden to the physician?	
	Dr. Cox	The screener will do it. Provide the screen information to the physician.	
	Dr. Blitz	They can do it at home and bring it in, or take time in the waiting room. Research has shown that using the PEDS shortened the well-child visits and reduced the incidents reported by parents. Everything is handled in a quick and uniform way.	
	Ms. Benz	What are the barriers to universal adoption? Cost and time are inter-related. Who's time is it and is it reduced? An intermediate screener person takes it after I am done, scores it and gives it to the doctor. Do they highlight the areas of concern?	
	Dr. Blitz	What is generally recommended is that the parents complete it and then give it to the receptionist, nurse or technician or someone else on staff. The receptionist can score it because it is very easy to score. Then it goes to the doctor or an assistant to interpret. Recommendations are made to the parents.	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
	Dr. Cox	AHCCCS has said that pediatricians will be reimbursed for using PEDS. What is being reimbursed? The administration of it?	
	Dr. Blitz	$29.50 to pediatricians for time, buying the PEDS, and cost of paper.	
	Dr. Cox	So it's not for the interpretation.	
	Dr. Blitz	Well, it is for the cost of the interpretation in an indirect way.	
Other Screening Tools / Mental Health (con't) • **PSC** • **CDI**	Ms. Benz	After I fill out the questionnaire and they have looked at my child, does the doctor's office report this data to someone else? They advise the parents but is there a data collection element to this?	*Data will be collected at all of the grant sites.
	Dr. Blitz	As a pilot program, AHCCCS is going to be doing data collection and tracking of the use of PEDs with NIQU grads.	
	Dr. Burstein	What if they use Forepath? It's digital.	*Follow-up to determine use protocol of PEDs for NIQU population
	Ms. Benz	Is there additional administrative burden on the doctor's office to report it?	
	Ms. Navarro-Valverde	They submit it with the EPSDT to AHCCCS.	
	Dr. Blitz	Yes, they will copy the PEDS score sheet and submit it with the EPSDT form.	
	Ms. Navarro-Valverde	We don't have any in as yet. This just went into affect for children born after January 1, 2006. We will be tracking it. The EPSDT will confirm that PEDS was done and they were evaluated in the doctor's office. Before, there was just a checkmark box on the EPSDT stating PEDS was done. It did not give any detail.	
	Ms. Benz	So it's raw data. Isn't there data entry that has to occur? Then, once you get all the data, are you just auditing for data collecting or doing something with the data? What is being done with the kids?	
	Dr. Cox	Once the screen is used at the 4 sites and something is identified, it will go to the care coordinator. They will follow-up, but there is no guarantee that this will be done. In our system, we will look at who is following up on the screen.	
	Dr. Blitz	With PEDS, the recommendation is based on "where" the child failed. You can see this on the PEDS flow chart. Language, hearing, etc. The flow chart gives information but also asks "what did you do?"	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
	Dr. Cox	Is AHCCCS picking that up? Do they write on the PEDS, what they would write on the chart?	
Other Screening Tools / Mental Health (con't) • **PSC** • **CDI**	Ms. Navarro-Valverde	We monitor that the PEDS tool is being used and that there is follow-up being done for the children. That it has actually gone to a service provider and the children are served.	
	Dr. Cox	AHCCCS is in position to really track the follow-through of these referrals through the use of encounter data.	
	Dr. Applegate	It's a giant leap forward. For years, EPSDTs were not addressed. A wealth of information was being overlooked.	
	Ms. Benz	I am just trying to figure out the process since I am process-oriented. As long as the use and the carry-over gets done. Can it be taken from a small setting to possibly expanding throughout the state?	
	Dr. Blitz	PEDS is going to be across the State. At every well-child visit for NIQU grads.	
	Dr. Burstein	Every EPSDT form has a referral box on the bottom. Would this not be an interesting matrix to look at, in a control setting, on how many referrals were made and follow-up, and how many remain? Along with the time to follow-up. One can begin to track the care coordination.	
	Dr. Blitz	For developmental delays, the referrals to AzEIP can be looked at, from birth to 3 years age. Over 3 years, referred to the school district. Or PTOTC.	
	Dr. Burstein	It would seem that mapping this would be an interesting process and probably would be useful.	
	Dr. Applegate	Going back to the SBCs issue and doing something different. Do you want to compare the two tools? Or consolidate the tools?	
	Dr. Cox	I don't necessarily want to compare. There is less time-pressure in the SBC setting than a pediatrician's office.	
	Ms. Ober-Reynolds	Is this (PSC) sensitive enough to pick up mental health issues? Would we gain the needed information?	
	Dr. Blitz	I don't know about the PSC but I can tell you that the research released (American Academy of Pediatrics) on standardized screening tools, that the sensitivity and specificity are approximately 70% to 80%.	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
		The CDI is not really a screening tool. If the child has findings on the PSC, you refer out to mental health.	
	Dr. Burstein	That is another issue. What do you do after your findings?	
	Dr. Applegate	Are we recommending PEDS to age 8 and then the PSC for 8 to 16 years old? It was consensus by the committee to do so.	*PEDS to age 8 *PSC for 8 to 16 years
	Dr. Cox	Let's look at the CRAFFT tool.	
Other Screening Tools / Mental Health (con't) • **PSC** • **CDI** • **CRAFFT**	Dr. Blitz	This is an older screen-from 8 to 16 years like PSC. If the clinician has concerns about substance abuse. CRAFFT can be used at adolescence, to ask about drug and alcohol abuse. It's an easy acronym for the primary care physician to ask the questions. The validity study was done on 14 to 18 year olds but I think 12 year olds can be asked about substance abuse. There was agreement on that.	RK handouts: *Brigance-CIBS-R *SWILS *CRAFFT *PPSC (English & Spanish *CeASAR-The CRAFFT Questions
	Dr. Cox	Is it free? Dr. Blitz said she did not think there was copyright infringement.	*Information in Public Domain
	Ms. Benz	Once you get two yes(es), what do you do?	
	Dr. Blitz	Refer to mental health.	
	Dr. Applegate	It is conceivable to believe that someone in practice will take up the referral.	
	Ms. Benz	I don't know how this works in the physician world. Will we spell it out for them, what a referral looks like? Do we tell the parents? Plus the confidentiality issue of patients.	
		Depends on the individual situation. If adolescent comes in by themselves and seen by themselves; yes, the confidentiality issue does come into play. The physician will then just ask them. They will refer but not say anything. Same with STDs.	
	Dr. Blitz	And it is a concern for safety as well. If the child is going to harm himself or others.	
	Dr. Clement	It is not a very comfortable situation.	
	Ms. Benz	And can you perform valid follow-up?	
	Dr. Clement	I will know what was done by the referral process. I will know if an appointment was set. Some may be done on-site. Availability. The doctor goes and gets someone within their practice to talk immediately with the patient.	
	Ms. Benz	What about private insurance? Are all these people AHCCCS people.	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
	Dr. Applegate	Each practice has its own developmental network of resources. We can assist these practices in networking.	
	Ms. Benz	And how do you report it?	
	Dr. Clement	The mother or father is there and we make them aware. We advise them what we did and go through the process of what should be done next, etc.	
Other Screening Tools / Mental Health (con't)	Dr. Cox Dr. Clement	Would it be documented on the chart? Yes	
	Dr. Blitz	Sometimes all you can do is refer. The parent may not follow through.	
	Dr. Burstein	If we have all these tools in place, what is it that we are measuring? The number of referrals made?	
	Dr. Cox	There are two things. The level of pathology in that setting and the reports coming from the instruments used. Secondly, how many are getting referred, and then based on that referral process, how many were follow-up. With everything in place, the question is, did they get any follow-up. Did the case worker call, etc? The barriers have been identified through the screen. So up to the referral point, the system has done everything they can. At this point, how do you get them into treatment. There are two issues of concern, follow-up (parental included) and access to services. The services maybe "outside" of what is paid for. The kids were screened, diagnosed, referred, they were followed by the care coordinator, but they did not get services.	
	Dr. Burstein	What are you going to compare it to? A control group?	
	Dr. Cox	Yes, the SBCs (school-based clinics) will have a control group	
	Dr. Blitz	Well, you have your control group via AzEIP for 0 to 3 years old.	
	Dr. Applegate	That is a goal of integration of services to cross over the barriers and how we do it.	
	Dr. Cox Dr. Applegate Dr. Cox	And we can quantify what those barriers are. In SBCs, we will have a large population of undocumenteds, that accessibility can be studied along with the referral processes and follow-up. That is outside the realm of usual provider services. For instance, most data supports the intervention of peer support groups for adolescents and substance abuse. And they are not expensive. There	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
		are things that can be made available in the non-traditional systems. We are obligated to address the non-traditional systems that have non-traditional referrals patterns. We will be tracking this. And then the ISG Insurance Committee will address accessibility. More accessibility to principle healthcare for middle and high school kids. Does making it more accessible, at their level, increase or decrease their initiative to seek appropriate health care within systems available.	
Other Screening Tools / Mental Health (con't)	Ms. Benz	As a mother, I look at the checklist (PSC), I see that you ask these questions, we complete what is necessary and let's say there is something found by testing. So where do I go now? Is there a resource list? Or do you give me to a faith-based clinic organization?	
	Dr. Cox	That is the follow-up. And it will be more generic in nature if there is NOT a case manager there.	
	Ms. Benz	If it comes down to a delivery of services problems, what kind of data needs to be collected?	
	Dr. Cox	We wanted to get through the instrumentation piece today. We have a QI Data Committee that will address what and how the data needs to be collected.	
	Ms. Ober-Reynolds	Will you have parental involvement in the SBCs?	
	Dr. Cox	They do come, especially with the undocumenteds. SBCs become their physician. More of the family unit will be there.	
	Dr. Applegate	That is part of testing the process.	
	Dr. Blitz	Will there be a care coordinator?	
	Dr. Cox	In the Payson pediatric clinic we have chosen, yes. The clinical setting, characteristics of the physician, and parental involvement will be studied.	*JC will do a SBC flow chart
Other Screening Tools / Dental – Basic Dental Surveys and Dental Screening by Non Dentists	Dr. Cox	Please refer to the Dental Screening handout from the Association of State and Territorial Dental Directors, "Basic Screening Surveys: An Approach to Monitoring Community Oral Health". This was specifically designed to screen outside the dental practice. It also refers to the parental consent and questionnaire. The ADA recommendation is that a first dental screen should be done in the first year.	
	Dr. Clement	Dentists say it is not necessary unless there are problems.	
	Dr. Blitz	More like 2 to 3 years of age.	
	Dr. Cox	The first question for a dental screen is "What does the screener do?"	
	Dr. Applegate	Triage first. What the person's usual dental hygiene is and then counsel them.	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
	Dr. Clement	In my screening process, if mouth looks good and less than 3 years of age, I don't worry much about that. First years should be learning about brushing teeth. At 3, a dentist appointment is recommended.	
	Dr. Applegate	The emphasis at a young age is to, at the very least, look and inspect the teeth. Dental is often bypassed.	
	Dr. Blitz	These oral health screening forms for physicians to do, right? Don't need much more detail. If they have a problem, they need referral.	
	Ms. Navarro-Valverde	The EPSDT outlines at 2 months to monitor.	
	Dr. Applegate	If there is a box to check on the forms, at least they went to the effort.	
	Dr. Cox	But is it really being done? In other discussions on developmental delays, the dental exam is often problematic with regards to children with special health care needs.	
	Dr. Applegate	This is an on-going problem with special populations.	
	Dr. Blitz	With CRS and people who act as pediatric screeners for medical case managers, we look at dental health. If they don't go to the pediatric screener then they aren't screened. The CRS program helped changed this, whereby more children are seen by pediatric screeners.	
Other Screening Tools / Dental Family Issues and Transition	Dr. Cox	What about the questionnaire that is provided in this document?	
	Dr. Blitz	Is this carried out in the interview? Questions 2 & 6, parents may have difficulty. And is it in Spanish?	
	Dr. Clement	From my point of view, the practioners won't do this.	
	Dr. Blitz	Some of these questions are on the EPSDT forms.	
	Ms. Navarro-Valverde	This could be a dental questionnaire for parents. For providers, the EPSDT has one check box.	
	Dr. Blitz	Practioners look at the mouth and then check the box. We don't know much more than that. This questionnaire is a straight forward way of looking at it.	
	Dr. Cox	SBCs say it's one of their biggest problems. Dental is not much of a priority.	
	Dr. Blitz	Also, there is a foster care issue with kids in foster care.	
	Dr. Cox	And undocumenteds. There is no place to refer to.	
	Dr. Blitz	The Shriners help in some instances.	

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Medical Home Measurement	Dr. Cox	Please see the Medical Home handout. There are two items. The Medical Home Measurement Tool and the Family/Caregiver Survey.	
	Dr. Applegate	Is it a practice survey?	
	Dr. Cox	Yes. If it is to be valuable in our setting, the care coordinator can work with the staff to collect the information. It is extensive. We may wish to put this on hold.	
	Dr. Burstein	I thought I sent you some information on this tool. There is a simpler, easier to administer, and more of a high power correlation tool. It came out of the 2nd round of MCHB Medical Home Grants.	*KB to re-send information to JC *Information to be posted on Website (www.azis.gov)
	Dr. Applegate	And the Family Caregiver/Survey?	
	Dr. Burstein	The purpose was to identify what complexities were in the practice. Look at the information of patient population. Collect it on everyone and see what that population looked like. And rank the practices.	
	Dr. Blitz	Are these things that the Medical Home are supposed to be looking at? There are other chronic illnesses that aren't in here.	
	Dr. Burstein	They took the top ranking chronic conditions.	
	Dr. Blitz	Eating disorders are separate. But gastric intestinal problems are not listed.	
	Dr. Cox	In our survey of school nurses, eating disorders rank high.	
	Dr. Burstein	Their website is extensive. I don't know if they give you the ranking of the practices.	
	Dr. Cox	We need a way, in each practice, to use the global definition of children with special healthcare needs and identify from it. If we don't use this, as a minimum tool, we still need to use some other kind of screener. To come under the MCHB definition.	
	Dr. Blitz	This is only done one time.	
	Dr. Burstein	There is CSHCN screen that is good. That is for national youth. If you want to develop a random selection model, this Family/Caregiver Survey could be used on a small number of patients. Getting people to fill this out will be difficult. The CSHCN Screener is more in line with the national definition. We found that doing this, we could develop a child profile. Getting the information was very involved but we were not limited because we developed a profile and had a more reliable picture.	KB to send info on the CHYSCN Screener

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
	Dr. Cox	Some things to review quickly. I will develop a SBC flow chart. Dr. Burstein will send her information to me on items mentioned. The next meeting of the Task Force is May 24, and I would like take a recommendation for all measurement tools discussed.	
Items from the Floor	Dr. Blitz	Dr. Blitz gave an outline of the training sessions she will be conducting. March 3rd & 4th in Tucson. AzAAP pays $500 a training. IHS pays $250.	*JC to talk to AzAAP and Abbott
	Dr. Blitz	Sue Stephens does the M-CHAT training.. And I do talk about M-CHAT at the end of my PEDS training.	
	Dr. Burstein	Jackie, do you have a standardized data reporting tool that physicians track and report the data back to you? I am working with Kevin Berger on the Long Term Care Database. It's a simple MicroSoft ACCESS database. It's a series of reporting formats and can do other reports. It will be used in the PHP project. Captures data normally in a chart, consolidates it and allows you to move it quickly. It centers around the data entry part.	*KB will send information on the Long Term Care Database to JC *JC advised members that OCSHCN purchased SCANTRON.
	Dr. Cox	Thanked all the committee members for their participation.	
Next Meeting		**March 21, 2006 1pm to 3pm Room 345A ADHS Bldg. 150 N. 18th Ave.**	
Next Agenda Items		*Review the Committee Action Plan *Training needs for the developmental delay tool *Monitoring of the use of the developmental delay tool *Other screening tools *Youth Self-Report Form *Center for Epidemiologic Studies Depression (CES-D) Scale *Beck Depression Inventory (BDI) *Flow Chart of screening process	